

NON-HEARING MOTION FOR CONTINUANCE; DECLARATION;
NOTICE OF MOTION; CERTIFICATE OF SERVICE;

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT _____ DIVISION STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

NON-HEARING MOTION FOR CONTINUANCE

☐ Hearing-Type of Motion: _____
☐ Trial ☐ Pre-Trial ☐ Other-Specify: _____
The Filing Party(ies) requests that this Motion be granted for the reasons stated in the Declaration below.

DECLARATION

I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI‘I THAT THE FOLLOWING IS TRUE AND CORRECT:** that Filing Party(ies) wishes to continue this proceeding to the date and for the reason stated below. I have contacted the Opposing Party(ies) or their attorney(ies) and they will not agree to the continuance or I have tried several times to contact them by telephone and/or mail and they have not returned my calls or answered my letters. (Explain why you will not be available and want this continuance. Attach continuation page, if necessary).

Old Date/Time: _____ New Date/Time: _____ No. of Prior Continuances: _____
Reason for continuance: _____

NOTICE OF MOTION

TO: _____:
NOTICE IS GIVEN that the undersigned has filed this Motion. Any response to this Motion must be in writing on the reverse side and filed with the Court no later than 5 days from the date shown on the Certificate of Service when the Motion is hand-delivered or 7 days excluding Saturday, Sunday and legal holidays when the Motion is mailed. Your written response can be delivered or mailed to the Court at **4357 Rice Street, Suite 101, Lihue, Hawai‘i 96766-1367. IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

Date:	Signature of Declarant/Filing Party(ies)/Filing Party(ies)' Attorney: Print/Type Name:
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SEE AND USE REVERSE SIDE TO RESPOND TO MOTION

I certify that this is a full, true, and correct copy of the original on file in this office.
Clerk, District Court of the above Circuit, State of Hawai‘i

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

☐ I DO NOT OBJECT to this Motion.

☐ I DISAGREE with this Motion for the following reasons:
(Attach continuation page, if necessary).

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Responding Party(ies)/Responding Party(ies)' Attorney:

Print/Type Name:

Reserved for Court Use**COURT ORDER**

☐ This Motion is granted and you must appear at the new date and time stated in the Declaration on the reverse side.

☐ This Motion is denied and you must appear at the old date and time stated in the Declaration on the reverse side.

☐ This Motion is partially granted and you must appear at _____ .m. on _____ for

☐ TRIAL☐ PRE-TRIAL☐ HEARING ON MOTION☐ OTHER - _____

Date:

Judge of the above-entitled Court

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 246-3347, FAX 246-3353, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date.